Case 09-03131-ee Doc 5

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B22A (Official Form 22A) (Chapter 7) (12/08)

In re	Curt Charles Busching	
	Debtor(s)	According to the information required to be entered on this statement
Case N	lumber:	(check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	■ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF M	AOI	NTHLY INCO	ME FOR § 707(b)	(7) EXCL	LUSION	
	Marital/filing status. Check the box that applies				tement as di	irected.	
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.						
	b. \square Married, not filing jointly, with declaration						
2	"My spouse and I are legally separated under						
2	purpose of evading the requirements of § 70′ for Lines 3-11.	/(b)(2)(A) of the Bankr	uptcy Code." Complete	only colum	in A ("Debtor's Income")	
	c. \square Married, not filing jointly, without the decl	larati	on of senarate hou	seholds set out in Line ?	h above C	'omplete both Column A	
	("Debtor's Income") and Column B ("Spo				.b above. e	ompiete both Column 11	
	d. Married, filing jointly. Complete both Col				''Spouse's l	Income") for Lines 3-11.	
	All figures must reflect average monthly income r					mn A Column B	
	calendar months prior to filing the bankruptcy cas						
	the filing. If the amount of monthly income varie			s, you must divide the		otor's Spouse's Income	
	six-month total by six, and enter the result on the				THE.	ome meome	
3	Gross wages, salary, tips, bonuses, overtime, co				\$	\$	
	Income from the operation of a business, profes						
	enter the difference in the appropriate column(s) of						
	business, profession or farm, enter aggregate num not enter a number less than zero. Do not includ e				,		
4	Line b as a deduction in Part V.	c unj	part of the busin	ess expenses entered of	^		
-			Debtor	Spouse	71		
	a. Gross receipts	\$		\$]		
	b. Ordinary and necessary business expenses	\$		\$	_		
	c. Business income	Su	btract Line b from	Line a	\$	\$	
	Rents and other real property income. Subtract						
	the appropriate column(s) of Line 5. Do not enter						
-	part of the operating expenses entered on Line	b as			٦		
5	a. Gross receipts	\$	Debtor	Spouse \$	4		
	a. Gross receiptsb. Ordinary and necessary operating expenses			\$	1		
	c. Rent and other real property income		btract Line b from	Line a	$\ _{\$}$	\$	
6	Interest, dividends, and royalties.						
					\$	\$	
7	Pension and retirement income.				\$	\$	
	Any amounts paid by another person or entity,						
8	expenses of the debtor or the debtor's depender purpose. Do not include alimony or separate main						
	spouse if Column B is completed.	пспа	nice payments of a	mounts paid by your	\$	\$	
	Unemployment compensation. Enter the amount	in th	e appropriate colu	mn(s) of Line 9	Ψ	Ψ	
	However, if you contend that unemployment com				ı		
	benefit under the Social Security Act, do not list the amount of such compensation in Column A						
9	or B, but instead state the amount in the space bel	ow:	1		_		
	Unemployment compensation claimed to						
	be a benefit under the Social Security Act Debte	or\$	Sp	oouse \$	\$	\$	
	Income from all other sources. Specify source an						
	on a separate page. Do not include alimony or se						
	spouse if Column B is completed, but include al maintenance. Do not include any benefits receive						
	received as a victim of a war crime, crime against						
10	domestic terrorism.		, ,				
			Debtor	Spouse]		
	a.	\$		\$	4		
	b.	\$		\$]		
	Total and enter on Line 10				\$	\$	
11	Subtotal of Current Monthly Income for § 7070				f		
11	Column B is completed, add Lines 3 through 10 i	n Co	lumn B. Enter the	total(s).	\$	\$	

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION			
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$		
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$		
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.			
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption of top of page 1 of this statement, and complete Part VIII do not complete Parts IV. V. VI or VII.	loes not arise" at the		
top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

	Complete Par	s IV, V, VI, and VI	of this	statement only if required	(See Line 15.)	
	Part IV. CALCULA	ATION OF CUR	RENT	MONTHLY INCOM	ME FOR § 707(b)	(2)
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines be spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zer a. b.	regular basis for the ow the basis for excl s support of persons of purpose. If necessary	househo uding th other tha	Id expenses of the debtor or e Column B income (such a n the debtor or the debtor's	the debtor's as payment of the dependents) and the	
	d.			\$		
	Total and enter on Line 17					\$
18	Current monthly income for § 70	7(b)(2). Subtract Lin	ne 17 fro	m Line 16 and enter the res	ult.	\$
				EDUCTIONS FROM s of the Internal Revenu		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			\$		
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Household members under	55 years of age	Hou a2.	sehold members 65 years	of age or older	
	a1. Allowance per member b1. Number of members		b2.	Allowance per member Number of members		
	c1. Subtotal		c2.	Subtotal		\$
20A	Local Standards: housing and uti Utilities Standards; non-mortgage of available at www.usdoj.gov/ust/ or	expenses for the appl	icable co	es. Enter the amount of the unty and household size. (\$

20B	Housing and Utility available at <a 1="" 2="" 22a="" <a="" amou="" amounts="" applicable="" are="" at="" available="" checked="" enter="" for="" href="www.usdoj.gov/ust/" in="" line="" more,="" number="" of="" on="" or="" ortation="" public="" the="" these="" transportation"="" vehicles="" you="">www.usdoj.gov/ust/ (a) <td>"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or</td> <td>\$</td>	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$	
Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			\$	
23	you claim an owner vehicles.) 1 2 or more Enter, in Line a be (available at www.monthly.org/ Payments	transportation ownership/lease expense; Vehicle ership/lease expense. (You may not claim an owners re. elow, the "Ownership Costs" for "One Car" from the usdoj.gov/ust/ or from the clerk of the bankruptcy of s for any debts secured by Vehicle 1, as stated in Lin 23. Do not enter an amount less than zero.	ship/lease expense for more than two e IRS Local Standards: Transportation court); enter in Line b the total of the Average	
	a. IRS Transp	ortation Standards, Ownership Costs	\$	
	b. Average M	onthly Payment for any debts secured by Vehicle in Line 42	 	
		ship/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
24	the "2 or more" Bo Enter, in Line a be (available at <u>www</u> Monthly Payments	transportation ownership/lease expense; Vehicle ox in Line 23. elow, the "Ownership Costs" for "One Car" from the usdoj.gov/ust/ or from the clerk of the bankruptcy of for any debts secured by Vehicle 2, as stated in Line 24. Do not enter an amount less than zero.	e IRS Local Standards: Transportation court); enter in Line b the total of the Average	
		ortation Standards, Ownership Costs onthly Payment for any debts secured by Vehicle	\$	
	b. 2, as stated		\$	
	c. Net owners	ship/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
25	state and local taxe	Expenses: taxes. Enter the total average monthly exes, other than real estate and sales taxes, such as incl Medicare taxes. Do not include real estate or sale	ome taxes, self employment taxes, social	\$
26	deductions that are	Expenses: involuntary deductions for employment erquired for your employment, such as retirement excretionary amounts, such as voluntary 401(k) co	contributions, union dues, and uniform costs.	•

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27	\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.		
29	\$		
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$	
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service a such as		
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$	
	Subpart B: Additional Living Expense Deductions	Ψ	
	Note: Do not include any expenses that you have listed in Lines 19-32		
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		
34	a. Health Insurance \$		
	b. Disability Insurance \$		
	c. Health Savings Account \$	\$	
	Total and enter on Line 34.		
	\$		
35	¢.		
36	\$		
37	other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.		
38	\$		

39	Additional food and clothing expense. Expenses exceed the combined allowances Standards, not to exceed 5% of those combor from the clerk of the bankruptcy court.) reasonable and necessary.	s for food and clothing (apparel and bined allowances. (This information	services) in the IRS n is available at <u>www</u>	National v.usdoj.gov/ust/	\$
40	Continued charitable contributions. Entifinancial instruments to a charitable organ			e form of cash or	\$
41	Total Additional Expense Deductions ur	nder § 707(b). Enter the total of Lin	nes 34 through 40		\$
	Sub	part C: Deductions for Deb	t Payment		
42	Future payments on secured claims. For own, list the name of the creditor, identify and check whether the payment includes to amounts scheduled as contractually due to bankruptcy case, divided by 60. If necessary Average Monthly Payments on Line 42.	the property securing the debt, and axes or insurance. The Average Mose each Secured Creditor in the 60 moses	state the Average M nthly Payment is the onths following the f	Ionthly Payment, total of all filing of the	
	Name of Creditor Pr	roperty Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.		<u> </u>	□yes □no	
			Total: Add Lines		\$
43	Other payments on secured claims. If an motor vehicle, or other property necessary your deduction 1/60th of any amount (the payments listed in Line 42, in order to mai sums in default that must be paid in order the following chart. If necessary, list addit	r for your support or the support of y "cure amount") that you must pay the intain possession of the property. The to avoid repossession or foreclosure tional entries on a separate page.	your dependents, you he creditor in addition he cure amount would be. List and total any	u may include in on to the ld include any such amounts in	
		roperty Securing the Debt	1/60th of th	e Cure Amount	
	a.			otal: Add Lines	\$
44	Payments on prepetition priority claims, priority tax, child support and alimony cla not include current obligations, such as	ims, for which you were liable at th			\$
	Chapter 13 administrative expenses. If y chart, multiply the amount in line a by the	amount in line b, and enter the resu	llting administrative		
45	Projected average monthly Chapte Current multiplier for your district issued by the Executive Office for information is available at www.uthe-bankruptcy.court.) Average monthly administrative e	t as determined under schedules r United States Trustees. (This asdoj.gov/ust/ or from the clerk of	\$ x Total: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Ent	ter the total of Lines 42 through 45.			\$
	Subp	part D: Total Deductions fr	om Income		
47	Total of all deductions allowed under § 7	707(b)(2). Enter the total of Lines 3	3, 41, and 46.		\$
	Part VI. DETE	ERMINATION OF § 707(b)	(2) PRESUMP	ΓΙΟΝ	
48	Enter the amount from Line 18 (Curren	nt monthly income for § 707(b)(2))			\$
49	Enter the amount from Line 47 (Total of	f all deductions allowed under § 7	07(b)(2))		\$
50	Monthly disposable income under § 707	(b)(2). Subtract Line 49 from Line	48 and enter the resu	ılt.	\$
51	60-month disposable income under § 70'	7(b)(2). Multiply the amount in Lin	e 50 by the number	60 and enter the	Φ.

	Initial presumption determination. Check the applicable box and proceed as d	irected.				
	☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
52	☐ The amount set forth on Line 51 is more than \$10,950 Check the box for "statement, and complete the verification in Part VIII. You may also complete Pa					
	☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Con	nplete the remainder of Part VI (Li	nes 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the numb	er 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed	as directed.				
55	of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54 of page 1 of this statement, and complete the verification in Part VIII. You may		tion arises" at the top			
	Part VII. ADDITIONAL EXPENSI	E CLAIMS				
	Other Expenses. List and describe any monthly expenses, not otherwise stated if you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All each item. Total the expenses.	m your current monthly income un	der §			
56	Expense Description	Monthly Amor	unt			
	a. b.	\$ \$	_			
	c.	\$				
	d.	\$				
	Total: Add Lines a, b, c, and d	\$				

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		Part VIII.	VERIFICATION	
I declare und must sign.)	er penalt Date:	y of perjury that the information provided in the second s		rue and correct. (If this is a joint case, both debtors /s/ Curt Charles Busching Curt Charles Busching (Debtor)